

**2006 Conference Registration Form (one name per form; may be photocopied)**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone\_(     ) \_\_\_\_\_ Fax\_(     ) \_\_\_\_\_

**Full Registration**

*Admittance into the full three day conference includes all meals, General Sessions, 6 rounds of Workshops, Belle of Louisville Cruise, 2 receptions, Banquet, and KSHN membership*

\_\_\_\_\_ \$435 (postmarked **before** April 15)

\_\_\_\_\_ \$535 (postmarked **after** April 15)

**One Day Registration**

*Admittance into the conference for one day includes all meals for that day, General Session, 3 rounds of Workshops, 1 reception, and KSHN membership*

\_\_\_\_\_ \$325 (postmarked **before** April 15)

\_\_\_\_\_ \$425 (postmarked **after** April 15)

Circle Day Attending:        May 10        May 11

**Guest Tickets** (a purchase from this group is optional)

Opening Luncheon (Wednesday) \_\_\_\_\_ x \$35= \_\_\_\_\_

Partnership Luncheon (Thursday) \_\_\_\_\_ x \$35= \_\_\_\_\_

Governor's Banquet \_\_\_\_\_ x \$45= \_\_\_\_\_

**Pre-Conference Courses – Requires Full Registration**

_____ Fall Protection - \$175 <i>Full Day</i>	_____ Defensive Driving - \$25 <i>Half Day</i>
_____ 10 Hour General Industry - \$95 <i>Full Day Tuesday &amp; Full Day Wednesday</i>	_____ First Aid Certification - \$10 <i>Half Day</i>
_____ Industrial Hygiene - \$50 <i>Full Day</i>	_____ CPR & AED Certification - \$10 <i>Half Day</i>

\_\_\_\_\_ Check if you plan to attend the Belle of Louisville Cruise. It is **FREE** to the first 600 participants.

Registration	\$ _____
+ Guest Tickets	\$ _____
+ Pre-Conference Courses	\$ _____
= GRAND TOTAL	\$ _____

**Payment Method**

Check # \_\_\_\_\_ (Payable to KSHN)        \_\_\_\_\_ Master Card        \_\_\_\_\_ Visa        Am Ex        \_\_\_\_\_ Discover

Name on Card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Mail Payment to:**

KSHN Conference

P.O. Box 4087

Frankfort, KY 40604-4087

**Questions:**

Call (502)564-3070, ext. 420

**\*\*NO REFUNDS\*\***